U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No. 1215-0188
Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



1. File Number U - 5

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

2. Fiscal Year Covered From:

						1/1/	2004 Through:	12 / 31	2004	
3. Name and address of person filing.					4. Name, file number, and address of labor organization.					
Name	Douglas	M Wi	pfler		Name	Southwest Ai	rlines Pilot	's Associa	tion	
					Labor	Organization File Nu	ımber 514-621	L		
P.O. Box, Bldg., Room No., if any					P.O. Box, Building and Room Number, if any					
Street	at Local Paris				Street 1450 Province Control Coits 707					
	401 E Robinson St. Apt #403				Street 1450 Empire Central, Suite 737					
City	Orlando			City	City Dallas					
State	Florida		ZIP Code + 4	32801-1944	State	Texas		ZIP Code + 4	75247	
5. Positi	on in labor organization.	Strate	gic Plannin	ng Committee				PROPERTY EARTH TO THE CONTRACT	CONTROL OF THE TOTAL CONTROL OF THE STATE OF	
Enter appropriate data below If, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):										
A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.										
6. Name	Name and address of Employer (including trade name, if any).					7.a. Nature of Interest, Transaction, or Income.				
Name			and the first of t					engalang gegengan menganan pangkan panda mendarah mendarah pangkan penganan penganan penganan penganan pengana		
Trade	Name, if any:				no charles and a second specific specif				90000000000000000000000000000000000000	
	Functions (see Anni Albert Ann	g-months and a second							90 m #4-ymin 6000 90 pp	
P.O. Box, Bldg., Room No., if any					7.b. Amount.					
Street	у от том в том в темперамент метор том в семперамент метор		ii dan ome an emaga ga san on on	alara arang nasari arang sanarang arang sanarang karang karang karang karang karang sanarang karang sanarang s						
0.4	(оку карт, о во при при водения (и вы на вы выполнения вы на выполнения вы выполнения выполнения вы выполнения В водения выполнения выполнения выполнения выполнения выполнения выполнения выполнения выполнения выполнения в					gennenn	alleration of the section of the sec			
City	epinerystych com Compression o general soo ferstall des ausgann in den sol par Commission ferster symmetrie general en een een een een een een een een een	Ferninda de la composição	inter a constructiva con a successiva de construcción de const			Scotland Control of the Control of t	ant and the second state of the second secon			
State			ZIP Code + 4						·	
Signature										
15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)										
Signe	od A		_		On	07/28/2005	407-421-49	33	TO THE	
Olgin	- 20				JII]	Date		elephone Numbe	SL .	

Name of Person Filing Douglas Wipfler	File Number U-								
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.									
8. Name and address of Business (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4 10. If 9.b. or 9.c. is checked give trust or employer's name. Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	9. Business deals with: a. Labor Organization b. Trust c. Employer 11.a. Nature of such dealing. 11.b. Approximate dollar value of such dealing. 12.a. Nature of interest held or income received.								
	12.b. Amount.								
		. В недовательное верхня это проможение обществляет на отсетство от того по выполнение обществляет на от того п 							
C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.									
13.a. Name and address of Employer or Labor Relations Consultant	14.a. Nature of payment.								
(including trade name, if any).	Dinner								
Name Wilson Center For Public Research		g qqqiticmiqiniquen							
Trade Name, if any:									
P.O. Box, Bldg., Room No., if any									
Street 8240 Professional Place, Suite 203		200000000000000000000000000000000000000							
City Landover									
State Maryland ZIP Code + 4 20785									
13.b. Is the Business an Employer or Consultant X ?	14.b. Amount of payment.	\$30							